

<i>SERFF Tracking Number:</i>	<i>CMBD-126164217</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Combined Insurance Company of America</i>	<i>State Tracking Number:</i>	<i>42519</i>
<i>Company Tracking Number:</i>	<i>2009 MEDICARE SUPPLEMENT REFUND CALCULATION REPORT</i>		
<i>TOI:</i>	<i>MS06 Medicare Supplement - Other</i>	<i>Sub-TOI:</i>	<i>MS06.000 Medicare Supplement - Other</i>
<i>Product Name:</i>	<i>2009 Medicare Supplement Refund Calculation Report</i>		
<i>Project Name/Number:</i>	<i>2009 Medicare Supplement Refund Calculation Report/2009 Medicare Supplement Refund Calculation Report</i>		

Filing at a Glance

Company: Combined Insurance Company of America

Product Name: 2009 Medicare Supplement SERFF Tr Num: CMBD-126164217 State: ArkansasLH

Refund Calculation Report

TOI: MS06 Medicare Supplement - Other

SERFF Status: Closed

State Tr Num: 42519

Sub-TOI: MS06.000 Medicare Supplement - Other

Co Tr Num: 2009 MEDICARE
SUPPLEMENT REFUND
CALCULATION REPORT

State Status: Filed-Closed

Filing Type: Rate

Co Status:

Reviewer(s): Stephanie Fowler

Author: Sue Thill

Disposition Date: 06/02/2009

Date Submitted: 05/26/2009

Disposition Status: Accepted For

Informational Purposes

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: 2009 Medicare Supplement Refund Calculation Report Status of Filing in Domicile:

Project Number: 2009 Medicare Supplement Refund Calculation Report Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type:

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 06/02/2009

Explanation for Other Group Market Type:

State Status Changed: 06/02/2009

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

2009 Medicare Supplement Refund Calculation Report

Company and Contact

SERFF Tracking Number: CMBD-126164217 State: Arkansas
Filing Company: Combined Insurance Company of America State Tracking Number: 42519
Company Tracking Number: 2009 MEDICARE SUPPLEMENT REFUND CALCULATION REPORT
TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other
Product Name: 2009 Medicare Supplement Refund Calculation Report
Project Name/Number: 2009 Medicare Supplement Refund Calculation Report/2009 Medicare Supplement Refund Calculation Report

Filing Contact Information

Sue Thill, Senior Policy Analyst Sue.A.Thill@combined.com
1000 Milwaukee Avenue (847) 953-1536 [Phone]
Glenview, IL 60025 (847) 953-1557[FAX]

Filing Company Information

Combined Insurance Company of America CoCode: 62146 State of Domicile: Illinois
1000 Milwaukee Avenue Group Code: 317 Company Type:
Glenview, IL 60025 Group Name: State ID Number:
(847) 953-1531 ext. [Phone] FEIN Number: 36-2136262

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Combined Insurance Company of America	\$0.00	05/26/2009	

SERFF Tracking Number: CMBD-126164217 State: Arkansas
Filing Company: Combined Insurance Company of America State Tracking Number: 42519
Company Tracking Number: 2009 MEDICARE SUPPLEMENT REFUND CALCULATION REPORT
TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Stephanie Fowler	06/02/2009	06/02/2009

SERFF Tracking Number: CMBD-126164217 *State:* Arkansas
Filing Company: Combined Insurance Company of America *State Tracking Number:* 42519
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TOI: MS06 Medicare Supplement - Other *Sub-TOI:* MS06.000 Medicare Supplement - Other
Product Name: 2009 Medicare Supplement Refund Calculation Report
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Disposition

Disposition Date: 06/02/2009

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: CMBD-126164217 State: Arkansas
Filing Company: Combined Insurance Company of America State Tracking Number: 42519
Company Tracking Number: 2009 MEDICARE SUPPLEMENT REFUND CALCULATION REPORT
TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other
Product Name: 2009 Medicare Supplement Refund Calculation Report
Project Name/Number: 2009 Medicare Supplement Refund Calculation Report/2009 Medicare Supplement Refund Calculation Report

Item Type	Item Name	Item Status	Public Access
Supporting Document	Health - Actuarial Justification		Yes
Supporting Document	COVER LETTER AND REFUND CALCULATION REPORT	Accepted for Informational Purposes	Yes

SERFF Tracking Number: CMBD-126164217 *State:* Arkansas
Filing Company: Combined Insurance Company of America *State Tracking Number:* 42519
Company Tracking Number: 2009 MEDICARE SUPPLEMENT REFUND CALCULATION REPORT
TOI: MS06 Medicare Supplement - Other *Sub-TOI:* MS06.000 Medicare Supplement - Other
Product Name: 2009 Medicare Supplement Refund Calculation Report
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Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: CMBD-126164217 State: Arkansas
Filing Company: Combined Insurance Company of America State Tracking Number: 42519
Company Tracking Number: 2009 MEDICARE SUPPLEMENT REFUND CALCULATION REPORT
TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other
Product Name: 2009 Medicare Supplement Refund Calculation Report
Project Name/Number: 2009 Medicare Supplement Refund Calculation Report/2009 Medicare Supplement Refund Calculation Report

Supporting Document Schedules

Review Status:

Bypassed -Name: Health - Actuarial Justification 05/26/2009
Bypass Reason: N/A
Comments:

Review Status:

Satisfied -Name: COVER LETTER AND REFUND CALCULATION REPORT 06/02/2009
Accepted for Informational Purposes
Comments:
Attachment:
2008 Med Supp Refund - AR.pdf



May 22, 2009

The Honorable Jay Bradford
Commissioner of Insurance
Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

**RE: COMBINED INSURANCE COMPANY OF AMERICA
2008 Medicare Supplement Insurance Refund Reporting Forms**

Dear Commissioner Bradford:

As required under OBRA90, enclosed are the following Medicare Supplement Insurance Refund Reporting Forms for calendar year 2008:

- 1) Reporting Form for Calculation of Benchmark Ratio Since Inception for Individual Policies; and
- 2) Medicare Supplement Refund Calculation Form.

One refund calculation form is enclosed for each individual standardized plan. In addition, one form is enclosed for all pre-standardized forms pooled together.

Since cumulative experience through 2008 (adjusted for credibility) exceeds the NAIC Benchmark Loss Ratio, refunds are not required in Arkansas.

Further inquiries may be directed to my attention at (847) 953-8061.

Sincerely,

A handwritten signature in blue ink, appearing to read "John Rogers", is written over a light blue rectangular background.

John Rogers, ASA, MAAA

John Rogers, ASA, MAAA
(847) 953-8061 Fax # (847) 953-8177 E-Mail: John.Rogers@combined.com

1000 N. Milwaukee Avenue • Glenview, Illinois 60025 • www.combinedinsurance.com
The ACE Group of Companies

TYPE: Individual SMSBP (p): Plan A
 FOR THE STATE OF: Arkansas
 Company Name: Combined Insurance Company of America
 NAIC Group Code: 317 NAIC Company Code: 62146
 Address: 1000 Milwaukee Avenue, Glenview, Illinois 60025
 Person Completing This Exhibit: John Rogers
 Title: Staff Actuary Telephone Number: (847) 953-8061

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(o)
	Earned			Cumulative				Cumulative		Policy Year
Year	Premium	Factor	(b) x (c)	Loss Ratio	(d) x (e)	Factor	(b) x (g)	Loss Ratio	(h) x (i)	Loss Ratio
1	0	2.770	0	0.442	0	0.000	0	0.000	0	0.40
2	0	4.175	0	0.493	0	0.000	0	0.000	0	0.55
3	(58)	4.175	(242)	0.493	(120)	1.194	(69)	0.659	(46)	0.65
4	9,300	4.175	38,826	0.493	19,141	2.245	20,878	0.669	13,967	0.67
5	323	4.175	1,347	0.493	664	3.170	1,022	0.678	693	0.69
6	(40)	4.175	(167)	0.493	(82)	3.998	(160)	0.686	(110)	0.71
7	226	4.175	945	0.493	466	4.754	1,076	0.695	748	0.73
8	122	4.175	510	0.493	252	5.445	665	0.702	467	0.75
9	5,870	4.175	24,508	0.493	12,082	6.075	35,661	0.708	25,248	0.76
10	60	4.175	248	0.493	123	6.650	396	0.713	282	0.76
11	1,117	4.175	4,663	0.493	2,299	7.176	8,015	0.717	5,747	0.76
12	775	4.175	3,234	0.493	1,594	7.655	5,929	0.720	4,269	0.77
13	824	4.175	3,441	0.493	1,696	8.093	6,670	0.723	4,823	0.77
14	1,051	4.175	4,389	0.493	2,164	8.493	8,927	0.725	6,472	0.77
15	969	4.175	4,046	0.493	1,995	8.684	8,416	0.725	6,102	0.77
Total	20,538		(k): 85,748		(l): 42,274		(m): 97,427		(n): 68,663	

- (a): Year 1 is the current calendar year - 1
Year 2 is the current calendar year - 2 (etc.)
(Example: If the current year is 1991, then:
Year 1 is 1990; Year 2 is 1989, etc.)
- (b): These loss ratios are not explicitly used in computing the benchmark loss ratios. They are the loss ratios, on a policy year basis, which result in the cumulative loss ratios displayed on this worksheet. They are shown here for informational purposes only.

TYPE: Individual SMSBP (p): Plan B
 FOR THE STATE OF: Arkansas
 Company Name: Combined Insurance Company of America
 NAIC Group Code: 317 NAIC Company Code: 62146
 Address: 1000 Milwaukee Avenue, Glenview, Illinois 60025
 Person Completing This Exhibit: John Rogers
 Title: Staff Actuary Telephone Number: (847) 953-8061

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(o)
	Earned			Cumulative				Cumulative		Policy Year
Year	Premium	Factor	(b) x (c)	Loss Ratio	(d) x (e)	Factor	(b) x (g)	Loss Ratio	(h) x (i)	Loss Ratio
1	0	2.770	0	0.442	0	0.000	0	0.000	0	0.40
2	0	4.175	0	0.493	0	0.000	0	0.000	0	0.55
3	0	4.175	0	0.493	0	1.194	0	0.659	0	0.65
4	1,755	4.175	7,329	0.493	3,613	2.245	3,941	0.669	2,637	0.67
5	0	4.175	0	0.493	0	3.170	0	0.678	0	0.69
6	0	4.175	0	0.493	0	3.998	0	0.686	0	0.71
7	0	4.175	0	0.493	0	4.754	0	0.695	0	0.73
8	0	4.175	0	0.493	0	5.445	0	0.702	0	0.75
9	0	4.175	0	0.493	0	6.075	0	0.708	0	0.76
10	0	4.175	0	0.493	0	6.650	0	0.713	0	0.76
11	0	4.175	0	0.493	0	7.176	0	0.717	0	0.76
12	0	4.175	0	0.493	0	7.655	0	0.720	0	0.77
13	0	4.175	0	0.493	0	8.093	0	0.723	0	0.77
14	0	4.175	0	0.493	0	8.493	0	0.725	0	0.77
15	0	4.175	0	0.493	0	8.684	0	0.725	0	0.77
Total	1,755		(k): 7,329		(l): 3,613		(m): 3,941		(n): 2,637	

- (a): Year 1 is the current calendar year - 1
Year 2 is the current calendar year - 2 (etc.)
(Example: If the current year is 1991, then:
Year 1 is 1990; Year 2 is 1989, etc.)
- (o): These loss ratios are not explicitly used in computing the benchmark loss ratios. They are the loss ratios, on a policy year basis, which result in the cumulative loss ratios displayed on this worksheet. They are shown here for informational purposes only.

TYPE: Individual SMSBP (p): Plan C
FOR THE STATE OF: Arkansas
Company Name: Combined Insurance Company of America
NAIC Group Code: 317 NAIC Company Code: 62146
Address: 1000 Milwaukee Avenue, Glenview, Illinois 60025
Person Completing This Exhibit: John Rogers
Title: Staff Actuary Telephone Number: (847) 953-8061

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(o)
	Earned			Cumulative				Cumulative		Policy Year
Year	Premium	Factor	(b) x (c)	Loss Ratio	(d) x (e)	Factor	(b) x (g)	Loss Ratio	(h) x (i)	Loss Ratio
1	0	2.770	0	0.442	0	0.000	0	0.000	0	0.40
2	0	4.175	0	0.493	0	0.000	0	0.000	0	0.55
3	20,465	4.175	85,441	0.493	42,123	1.194	24,435	0.659	16,103	0.65
4	38,055	4.175	158,880	0.493	78,328	2.245	85,433	0.669	57,155	0.67
5	12,739	4.175	53,186	0.493	26,221	3.170	40,383	0.678	27,380	0.69
6	58,592	4.175	244,621	0.493	120,598	3.998	234,250	0.686	160,696	0.71
7	31,805	4.175	132,786	0.493	65,463	4.754	151,201	0.695	105,085	0.73
8	16,064	4.175	67,068	0.493	33,065	5.445	87,470	0.702	61,404	0.75
9	117,919	4.175	492,310	0.493	242,709	6.075	716,355	0.708	507,179	0.76
10	11,927	4.175	49,797	0.493	24,550	6.650	79,318	0.713	56,554	0.76
11	53,175	4.175	222,004	0.493	109,448	7.176	381,581	0.717	273,594	0.76
12	77,063	4.175	321,738	0.493	158,617	7.655	589,918	0.720	424,741	0.77
13	64,860	4.175	270,790	0.493	133,500	8.093	524,912	0.723	379,511	0.77
14	53,916	4.175	225,100	0.493	110,974	8.493	457,910	0.725	331,985	0.77
15	25,618	4.175	106,955	0.493	52,729	8.684	222,467	0.725	161,289	0.77
Total	582,198		(k): 2,430,677		(l): 1,198,324		(m): 3,595,633		(n): 2,562,674	

Benchmark Ratio Since Inception: $(l+n)/(k+m)$: 62.4%

(a): Year 1 is the current calendar year - 1
Year 2 is the current calendar year - 2 (etc.)
(Example: If the current year is 1991, then:
Year 1 is 1990; Year 2 is 1989, etc.)

(o): These loss ratios are not explicitly used in computing the benchmark loss ratios. They are the loss ratios, on a policy year basis, which result in the cumulative loss ratios displayed on this worksheet. They are shown here for informational purposes only.

TYPE: Individual SMSBP (p): Plan D
 FOR THE STATE OF: Arkansas
 Company Name: Combined Insurance Company of America
 NAIC Group Code: 317 NAIC Company Code: 62146
 Address: 1000 Milwaukee Avenue, Glenview, Illinois 60025
 Person Completing This Exhibit: John Rogers
 Title: Staff Actuary Telephone Number: (847) 953-8061

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(o)
	Earned			Cumulative				Cumulative		Policy Year
Year	Premium	Factor	(b) x (c)	Loss Ratio	(d) x (e)	Factor	(b) x (g)	Loss Ratio	(h) x (i)	Loss Ratio
1	27,182	2.770	75,294	0.442	33,280	0.000	0	0.000	0	0.40
2	69,842	4.175	291,592	0.493	143,755	0.000	0	0.000	0	0.55
3	18,991	4.175	79,289	0.493	39,090	1.194	22,676	0.659	14,943	0.65
4	0	4.175	0	0.493	0	2.245	0	0.669	0	0.67
5	0	4.175	0	0.493	0	3.170	0	0.678	0	0.69
6	0	4.175	0	0.493	0	3.998	0	0.686	0	0.71
7	0	4.175	0	0.493	0	4.754	0	0.695	0	0.73
8	0	4.175	0	0.493	0	5.445	0	0.702	0	0.75
9	0	4.175	0	0.493	0	6.075	0	0.708	0	0.76
10	0	4.175	0	0.493	0	6.650	0	0.713	0	0.76
11	0	4.175	0	0.493	0	7.176	0	0.717	0	0.76
12	0	4.175	0	0.493	0	7.655	0	0.720	0	0.77
13	0	4.175	0	0.493	0	8.093	0	0.723	0	0.77
14	0	4.175	0	0.493	0	8.493	0	0.725	0	0.77
15	0	4.175	0	0.493	0	8.684	0	0.725	0	0.77
Total	116,016		(k): 446,175		(l): 216,124		(m): 22,676		(n): 14,943	

- (a): Year 1 is the current calendar year - 1
Year 2 is the current calendar year - 2 (etc.)
(Example: If the current year is 1991, then:
Year 1 is 1990; Year 2 is 1989, etc.)
- (o): These loss ratios are not explicitly used in computing the benchmark loss ratios. They are the loss ratios, on a policy year basis, which result in the cumulative loss ratios displayed on this worksheet. They are shown here for informational purposes only.

REPORTING FORM FOR THE CALCULATION OF BENCHMARK
RATIO SINCE INCEPTION FOR INDIVIDUAL POLICIES
FOR CALENDAR YEAR 2008

TYPE: Individual SMSBP (p): Plan F
FOR THE STATE OF: Arkansas
Company Name: Combined Insurance Company of America
NAIC Group Code: 317 NAIC Company Code: 62146
Address: 1000 Milwaukee Avenue, Glenview, Illinois 60025
Person Completing This Exhibit: John Rogers
Title: Staff Actuary Telephone Number: (847) 953-8061

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(o)
	Earned			Cumulative				Cumulative		Policy Year
Year	Premium	Factor	(b) x (c)	Loss Ratio	(d) x (e)	Factor	(b) x (g)	Loss Ratio	(h) x (i)	Loss Ratio
1	2,581	2.770	7,149	0.442	3,160	0.000	0	0.000	0	0.40
2	(222)	4.175	(928)	0.493	(457)	0.000	0	0.000	0	0.55
3	(111)	4.175	(462)	0.493	(228)	1.194	(132)	0.659	(87)	0.65
4	2,323	4.175	9,699	0.493	4,782	2.245	5,216	0.669	3,489	0.67
5	774	4.175	3,233	0.493	1,594	3.170	2,455	0.678	1,664	0.69
6	0	4.175	0	0.493	0	3.998	0	0.686	0	0.71
7	4,089	4.175	17,073	0.493	8,417	4.754	19,441	0.695	13,512	0.73
8	3,216	4.175	13,428	0.493	6,620	5.445	17,512	0.702	12,293	0.75
9	30,691	4.175	128,133	0.493	63,170	6.075	186,445	0.708	132,003	0.76
10	(253)	4.175	(1,057)	0.493	(521)	6.650	(1,684)	0.713	(1,201)	0.76
11	4,808	4.175	20,072	0.493	9,896	7.176	34,500	0.717	24,737	0.76
12	1,621	4.175	6,768	0.493	3,337	7.655	12,409	0.720	8,935	0.77
13	6,090	4.175	25,425	0.493	12,535	8.093	49,285	0.723	35,633	0.77
14	3,422	4.175	14,286	0.493	7,043	8.493	29,061	0.725	21,069	0.77
15	3,886	4.175	16,225	0.493	7,999	8.684	33,748	0.725	24,467	0.77
Total	62,915		(k): 259,044		(l): 127,344		(m): 388,256		(n): 276,515	

Benchmark Ratio Since Inception: $(l+n)/(k+m)$: 62.4%

(a): Year 1 is the current calendar year - 1
Year 2 is the current calendar year - 2 (etc.)
(Example: If the current year is 1991, then:
Year 1 is 1990; Year 2 is 1989, etc.)

(o): These loss ratios are not explicitly used in computing the benchmark loss ratios. They are the loss ratios, on a policy year basis, which result in the cumulative loss ratios displayed on this worksheet. They are shown here for informational purposes only.

TYPE: Individual SMSBP (p): Pre-Standardized
OR THE STATE OF: Arkansas
Company Name: Combined Insurance Company of America
AIC Group Code: 317 NAIC Company Code: 62146
Address: 1000 Milwaukee Avenue, Glenview, Illinois 60025
Person Completing This Exhibit: John Rogers
Title: Staff Actuary Telephone Number: (847) 953-8061

- (a): Year 1 is the current calendar year - 1
Year 2 is the current calendar year - 2 (etc.)
(Example: If the current year is 1991, then:
Year 1 is 1990; Year 2 is 1989, etc.)
- (b): These loss ratios are not explicitly used in computing the benchmark loss ratios. They are the loss ratios, on a policy year basis, which result in the cumulative loss ratios displayed on this worksheet. They are shown here for informational purposes only.

MEDICARE SUPPLEMENT REFUND CALCULATION FORM FOR CALENDAR YEAR 2008

TYPE (1)	Individual	SMSBP(2)	Plan A
For the State of	ARKANSAS	Company Name	Combined Insurance Company
NAIC Group Code	317		of America
Address	1000 Milwaukee Ave, Glenview, IL 60025	NAIC Company Code	62146
Title	Staff Actuary	Person Completing Exhibit	John Rogers
		Telephone Number	(847) 953-8061

<u>line</u>	(a) Earned Premium (3)	(b) Incurred Claims (4)
1. Current Year's Experience		
a. Total (all policy years)	7,624	2,925
b. Current year's issues (5)	0	0
c. Net (for reporting purposes = 1a - 1b)	7,624	2,925
2. Past Year's Experience (All Policy Years)	144,877	45,137
3. Total Experience (1c + 2)	152,501	48,062
4. Refunds Last Year (Excluding Interest)	0	
5. Previous Since Inception (Excluding Interest)	0	
6. Refunds Since Inception (Excluding Interest)	0	
7. Benchmark Ratio Since Inception (See Worksheet for Ratio 1)	60.6%	
8. Experienced Ratio Since Inception (Ratio 2) (Line 3, Col. b)/(Line 3, Col. a - Line 6)	31.5%	
9. Life Years Exposed Since Inception If (Line 8 < Line 7) AND (Line 9 > 500), proceed, else stop.	158	
10. Tolerance Permitted (obtained from credibility table)	Not Credible	
11. Adjustment to Incurred Claims for Credibility Ratio 3 = Ratio 2 + Tolerance	Not Credible	If Line 11 > Line 7, a refund/credit is not required.
12. Adjusted Incurred Claims (Line 3, Col. a - Line 6)x Line 11	\$0	
13. Refund = (Line 3, Col. a - Line 6 - (Line 12/Line 7)	\$0	

If the amount on line 13 is less than .005 times the annualized premium in force as of December 31 of the reporting year, then no refund is made. Otherwise the amount on line 13 is to be refunded or credited, and a description of the refund and/or credit against premiums to be used must be attached to this form.

Medicare Supplement Credibility Table	
Life Yrs. Exposed Since Inception	Tolerance
10,000+	0.0%
5,000 - 9,999	5.0%
2,500 - 4,999	7.5%
1,000 - 2,499	10.0%
500 - 999	15.0%
If less than 500, no credibility.	

I certify that the above information and calculations are true and accurate to the best of my knowledge and belief.



Signature

John Rogers

Name

Staff Actuary

Title

5/21/2009

Date

- (1) Individual, Group, Individual Medicare Select, or Group Medicare Select Only
- (2) "SMSBP" = Standardized Medicare Supplement Benefit Plan.
- (3) Includes Modal Loadings and Fees Charged.
- (4) Excludes Active Life Reserves.
- (5) This is to be used as "Issue Year Earned Premium" for Year 1 of next year's "Worksheet for Calculation of Benchmark Ratios".

MEDICARE SUPPLEMENT REFUND CALCULATION FORM FOR CALENDAR YEAR 2008


TYPE (1)	Individual	SMSBP(2)	Plan B
For the State of	ARKANSAS	Company Name	Combined Insurance Company
NAIC Group Code	317		of America
Address	1000 Milwaukee Ave, Glenview, IL 60025	NAIC Company Code	62146
Title	Staff Actuary	Person Completing Exhibit	John Rogers
		Telephone Number	(847) 953-8061

<u>line</u>	(a) Earned Premium (3)	(b) Incurred Claims (4)
1. Current Year's Experience		
a. Total (all policy years)	0	0
b. Current year's issues (5)	0	0
c. Net (for reporting purposes = 1a - 1b)	0	0
2. Past Year's Experience (All Policy Years)	3,639	317
3. Total Experience (1c + 2)	3,639	317
4. Refunds Last Year (Excluding Interest)	0	
5. Previous Since Inception (Excluding Interest)	0	
6. Refunds Since Inception (Excluding Interest)	0	
7. Benchmark Ratio Since Inception (See Worksheet for Ratio 1)	55.5%	
8. Experienced Ratio Since Inception (Ratio 2) (Line 3, Col. b)/(Line 3, Col. a - Line 6)	8.7%	
9. Life Years Exposed Since Inception If (Line 8 < Line 7) AND (Line 9 > 500), proceed, else stop.	2	
10. Tolerance Permitted (obtained from credibility table)	Not Credible	
11. Adjustment to Incurred Claims for Credibility Ratio 3 = Ratio 2 + Tolerance	Not Credible	If Line 11 > Line 7, a refund/credit is not required.
12. Adjusted Incurred Claims (Line 3, Col. a - Line 6)x Line 11	\$0	
13. Refund = (Line 3, Col. a - Line 6 - (Line 12/Line 7)	\$0	

If the amount on line 13 is less than .005 times the annualized premium in force as of December 31 of the reporting year, then no refund is made. Otherwise the amount on line 13 is to be refunded or credited, and a description of the refund and/or credit against premiums to be used must be attached to this form.

Medicare Supplement Credibility Table	
Life Yrs. Exposed Since Inception	Tolerance
10,000+	0.0%
5,000 - 9,999	5.0%
2,500 - 4,999	7.5%
1,000 - 2,499	10.0%
500 - 999	15.0%
If less than 500, no credibility.	

I certify that the above information and calculations are true and accurate to the best of my knowledge and belief.



Signature

John Rogers

Name

Staff Actuary

Title

5/21/2009

Date

- (1) Individual, Group, Individual Medicare Select, or Group Medicare Select Only
- (2) "SMSBP" = Standardized Medicare Supplement Benefit Plan.
- (3) Includes Modal Loadings and Fees Charged.
- (4) Excludes Active Life Reserves.
- (5) This is to be used as "Issue Year Earned Premium" for Year 1 of next year's "Worksheet for Calculation of Benchmark Ratios".

MEDICARE SUPPLEMENT REFUND CALCULATION FORM FOR CALENDAR YEAR 2008


TYPE (1)	Individual	SMSBP(2)	Plan C
For the State of	ARKANSAS	Company Name	Combined Insurance Company
NAIC Group Code	317		of America
Address	1000 Milwaukee Ave, Glenview, IL 60025	NAIC Company Code	62146
Title	Staff Actuary	Person Completing Exhibit	John Rogers
		Telephone Number	(847) 953-8061

<u>line</u>	<u>(a)</u> Earned Premium (3)	<u>(b)</u> Incurred Claims (4)
1. Current Year's Experience		
a. Total (all policy years)	447,552	265,577
b. Current year's issues (5)	0	0
c. Net (for reporting purposes = 1a - 1b)	447,552	265,577
2. Past Year's Experience (All Policy Years)	8,035,280	5,038,251
3. Total Experience (1c + 2)	8,482,832	5,303,828
4. Refunds Last Year (Excluding Interest)	0	
5. Previous Since Inception (Excluding Interest)	0	
6. Refunds Since Inception (Excluding Interest)	0	
7. Benchmark Ratio Since Inception (See Worksheet for Ratio 1)	62.4%	
8. Experienced Ratio Since Inception (Ratio 2) (Line 3, Col. b)/(Line 3, Col. a - Line 6)	62.5%	
9. Life Years Exposed Since Inception If (Line 8 < Line 7) AND (Line 9 > 500), proceed, else stop.	5,519	
10. Tolerance Permitted (obtained from credibility table)	5.0%	
11. Adjustment to Incurred Claims for Credibility Ratio 3 = Ratio 2 + Tolerance	67.5%	If Line 11 > Line 7, a refund/credit is not required.
12. Adjusted Incurred Claims (Line 3, Col. a - Line 6)x Line 11	No Refund Required	
13. Refund = (Line 3, Col. a - Line 6 - (Line 12/Line 7)	\$0	

If the amount on line 13 is less than .005 times the annualized premium in force as of December 31 of the reporting year, then no refund is made. Otherwise the amount on line 13 is to be refunded or credited, and a description of the refund and/or credit against premiums to be used must be attached to this form.

Medicare Supplement Credibility Table	
Life Yrs. Exposed Since Inception	Tolerance
10,000+	0.0%
5,000 - 9,999	5.0%
2,500 - 4,999	7.5%
1,000 - 2,499	10.0%
500 - 999	15.0%
If less than 500, no credibility.	

I certify that the above information and calculations are true and accurate to the best of my knowledge and belief.



Signature

John Rogers

Name

Staff Actuary

Title

5/21/2009

Date

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- (2) "SMSBP" = Standardized Medicare Supplement Benefit Plan.
- (3) Includes Modal Loadings and Fees Charged.
- (4) Excludes Active Life Reserves.
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MEDICARE SUPPLEMENT REFUND CALCULATION FORM FOR CALENDAR YEAR 2008


TYPE (1)	Individual	SMSBP(2)	Plan D
For the State of	ARKANSAS	Company Name	Combined Insurance Company
NAIC Group Code	317		of America
Address	1000 Milwaukee Ave, Glenview, IL 60025	NAIC Company Code	62146
Title	Staff Actuary	Person Completing Exhibit	John Rogers
		Telephone Number	(847) 953-8061

<u>line</u>	<u>(a)</u> Earned Premium (3)	<u>(b)</u> Incurred Claims (4)
1. Current Year's Experience		
a. Total (all policy years)	157,730	69,508
b. Current year's issues (5)	3,755	4,592
c. Net (for reporting purposes = 1a - 1b)	153,975	64,916
2. Past Year's Experience (All Policy Years)	318,380	146,810
3. Total Experience (1c + 2)	472,355	211,726
4. Refunds Last Year (Excluding Interest)	0	
5. Previous Since Inception (Excluding Interest)	0	
6. Refunds Since Inception (Excluding Interest)	0	
7. Benchmark Ratio Since Inception (See Worksheet for Ratio 1)	49.3%	
8. Experienced Ratio Since Inception (Ratio 2) (Line 3, Col. b)/(Line 3, Col. a - Line 6)	44.8%	
9. Life Years Exposed Since Inception If (Line 8 < Line 7) AND (Line 9 > 500), proceed, else stop.	304	
10. Tolerance Permitted (obtained from credibility table)	Not Credible	
11. Adjustment to Incurred Claims for Credibility Ratio 3 = Ratio 2 + Tolerance	Not Credible	If Line 11 > Line 7, a refund/credit is not required.
12. Adjusted Incurred Claims (Line 3, Col. a - Line 6)x Line 11	\$0	
13. Refund = (Line 3, Col. a - Line 6 - (Line 12/Line 7)	\$0	

If the amount on line 13 is less than .005 times the annualized premium in force as of December 31 of the reporting year, then no refund is made. Otherwise the amount on line 13 is to be refunded or credited, and a description of the refund and/or credit against premiums to be used must be attached to this form.

Medicare Supplement Credibility Table	
Life Yrs. Exposed Since Inception	Tolerance
10,000+	0.0%
5,000 - 9,999	5.0%
2,500 - 4,999	7.5%
1,000 - 2,499	10.0%
500 - 999	15.0%
If less than 500, no credibility.	

I certify that the above information and calculations are true and accurate to the best of my knowledge and belief.



 Signature

John Rogers

 Name

Staff Actuary

 Title

5/21/2009

 Date

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- (4) Excludes Active Life Reserves.
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MEDICARE SUPPLEMENT REFUND CALCULATION FORM FOR CALENDAR YEAR 2008


TYPE (1)	Individual	SMSBP(2)	Plan F
For the State of	ARKANSAS	Company Name	Combined Insurance Company
NAIC Group Code	317		of America
Address	1000 Milwaukee Ave, Glenview, IL 60025	NAIC Company Code	62146
Title	Staff Actuary	Person Completing Exhibit	John Rogers
		Telephone Number	(847) 953-8061

<u>line</u>	(a) Earned Premium (3)	(b) Incurred Claims (4)
1. Current Year's Experience		
a. Total (all policy years)	43,885	42,372
b. Current year's issues (5)	0	0
c. Net (for reporting purposes = 1a - 1b)	43,885	42,372
2. Past Year's Experience (All Policy Years)	1,061,944	697,594
3. Total Experience (1c + 2)	1,105,829	739,966
4. Refunds Last Year (Excluding Interest)	0	
5. Previous Since Inception (Excluding Interest)	0	
6. Refunds Since Inception (Excluding Interest)	0	
7. Benchmark Ratio Since Inception (See Worksheet for Ratio 1)	62.4%	
8. Experienced Ratio Since Inception (Ratio 2) (Line 3, Col. b)/(Line 3, Col. a - Line 6)	66.9%	
9. Life Years Exposed Since Inception If (Line 8 < Line 7) AND (Line 9 > 500), proceed, else stop.	580	
10. Tolerance Permitted (obtained from credibility table)	15.0%	
11. Adjustment to Incurred Claims for Credibility Ratio 3 = Ratio 2 + Tolerance	81.9%	If Line 11 > Line 7, a refund/credit is not required.
12. Adjusted Incurred Claims (Line 3, Col. a - Line 6)x Line 11	No Refund Required	
13. Refund = (Line 3, Col. a - Line 6 - (Line 12/Line 7)	\$0	

If the amount on line 13 is less than .005 times the annualized premium in force as of December 31 of the reporting year, then no refund is made. Otherwise the amount on line 13 is to be refunded or credited, and a description of the refund and/or credit against premiums to be used must be attached to this form.

Medicare Supplement Credibility Table	
Life Yrs. Exposed Since Inception	Tolerance
10,000+	0.0%
5,000 - 9,999	5.0%
2,500 - 4,999	7.5%
1,000 - 2,499	10.0%
500 - 999	15.0%
If less than 500, no credibility.	

I certify that the above information and calculations are true and accurate to the best of my knowledge and belief.



Signature

John Rogers

Name

Staff Actuary

Title

5/21/2009

Date

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- (3) Includes Modal Loadings and Fees Charged.
- (4) Excludes Active Life Reserves.
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MEDICARE SUPPLEMENT REFUND CALCULATION FORM FOR CALENDAR YEAR 2008


TYPE (1)	Individual	SMSBP(2)	Pre-Standardized
For the State of	ARKANSAS	Company Name	Combined Insurance Company
NAIC Group Code	317		of America
Address	1000 Milwaukee Ave, Glenview, IL 60025	NAIC Company Code	62146
Title	Staff Actuary	Person Completing Exhibit	John Rogers
		Telephone Number	(847) 953-8061

<u>line</u>	(a) Earned Premium (3)	(b) Incurred Claims (4)
1. Current Year's Experience		
a. Total (all policy years)	53,707	30,951
b. Current year's issues (5)	0	0
c. Net (for reporting purposes = 1a - 1b)	53,707	30,951
2. Past Year's Experience (All Policy Years)	1,184,680	710,531
3. Total Experience (1c + 2)	1,238,387	741,482
4. Refunds Last Year (Excluding Interest)	0	
5. Previous Since Inception (Excluding Interest)	0	
6. Refunds Since Inception (Excluding Interest)	0	
7. Benchmark Ratio Since Inception (See Worksheet for Ratio 1)	64.0%	
8. Experienced Ratio Since Inception (Ratio 2) (Line 3, Col. b)/(Line 3, Col. a - Line 6)	59.9%	
9. Life Years Exposed Since Inception If (Line 8 < Line 7) AND (Line 9 > 500), proceed, else stop.	665	
10. Tolerance Permitted (obtained from credibility table)	15.0%	
11. Adjustment to Incurred Claims for Credibility Ratio 3 = Ratio 2 + Tolerance	74.9%	If Line 11 > Line 7, a refund/credit is not required.
12. Adjusted Incurred Claims (Line 3, Col. a - Line 6)x Line 11	No Refund Required	
13. Refund = (Line 3, Col. a - Line 6 - (Line 12/Line 7)	\$0	

If the amount on line 13 is less than .005 times the annualized premium in force as of December 31 of the reporting year, then no refund is made. Otherwise the amount on line 13 is to be refunded or credited, and a description of the refund and/or credit against premiums to be used must be attached to this form.

Medicare Supplement Credibility Table	
Life Yrs. Exposed Since Inception	Tolerance
10,000+	0.0%
5,000 - 9,999	5.0%
2,500 - 4,999	7.5%
1,000 - 2,499	10.0%
500 - 999	15.0%
If less than 500, no credibility.	

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Signature

John Rogers

Name

Staff Actuary

Title

5/21/2009

Date

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- (4) Excludes Active Life Reserves.
- (5) This is to be used as "Issue Year Earned Premium" for Year 1 of next year's "Worksheet for Calculation of Benchmark Ratios".